

Exhibit A
CERTIFICATION OF APPLICANT
AND LOCAL GOVERNMENT ENDORSEMENT
BROWNFIELD REDEVELOPMENT PROGRAM

Eligible Project Name: _____

Eligible Project Address: _____

City/County: _____

The following must be signed by the president of the applicant and notarized:

“The information stated in the application documents submitted to the Missouri Department of Economic Development for the Brownfield Redevelopment Program is true and correct, and can be verified upon request. I give permission to the Missouri Department of Economic Development and Missouri Department of Natural Resources to make any inquiries of the applicant’s credit history or any other relevant information related to this eligible project. I certify that I, nor any other owner of this company to my knowledge, has been convicted or is under indictment or investigation of a criminal offense other than a minor motor vehicle violation. I understand that failure to disclose material facts regarding the eligible project may result in rejection of the request, repayment of the tax credits or other financial benefits, and/or criminal prosecution.”

Signature, President

Date

Typed Name, President

(NOTARY)

LOCAL GOVERNMENT ENDORSEMENT

Missouri House District #: _____ Missouri Senate District #: _____

Acting on behalf of the city or county government named below, I hereby endorse the above-name project for use of benefits provided through the Brownfield Redevelopment Program. The project does not conflict with local planning or zoning restrictions, will not adversely impact other local businesses, and will be a benefit for the city or county. The city or county takes no financial or legal obligation in this endorsement.

Title

Signature

Date

Exhibit B

ECONOMIC IMPACT

to be completed by the Operator or each Lessee on separate forms.

BROWNFIELD REDEVELOPMENT PROGRAM

Name of Eligible Business: _____

Job Titles	New Jobs created Within years at the Eligible Business	Existing Jobs in MO (all locations)	Proposed Average Hourly Wage*
1. Management			N/A
2. Clerical/Office			/hr.
3.			/hr.
4.			/hr.
5.			/hr.
6.			/hr.
7.			/hr.
8.			/hr.
TOTALS			N/A

***Note:** Wage amounts above should not include benefits.

1. Medical Insurance: Will company-subsidized medical insurance be provided to all new jobs listed above? ____Yes ____No.

2. New Job Estimate Documentation: Justify the projected number of new jobs created on an attached sheet, and identify as **“Exhibit B, #2”**. Such documentation would include an employment plan based on the new assets to be purchased for the eligible project; financial projections that can be related to the projected new jobs; or other as acceptable by DED.

3. Retention: In the event this project involves retained jobs, see the definition of “Retained Jobs” in Section C of the Brownfield Program Guidelines, and provide adequate documentation as specified.

4. Total Payroll: Indicate the total annual payroll of eligible business named above for the new jobs ONLY: \$_____.

3. New Qualified Investment: Indicate the total amount of new qualified investment to be located at the eligible business:

(a) Investment in Building: \$ _____

(b) Investment in Equipment: \$ _____

(c) Total Investment: \$ _____

6. Annual Dollars: Indicate annual dollar amount of output from the eligible business name above such as sales, income, revenues, etc.: \$_____.

7. Projected Taxable Income: Indicate projected income of the eligible business:

Missouri Taxable Income projected:

1st Year: \$ _____

2nd Year: \$ _____

3rd Year: \$ _____

8. SIC (Standard Industrial Classification): Indicate the primary SIC code of the eligible business.
Describe the activities of the eligible business to be conducted at the proposed eligible project:

9. Certification: I hereby certify this information is true and correct.

_____(Date)_____
Company Official

Exhibit C
CERTIFICATION OF LENDER
Request for a Guaranteed Loan
BROWNFIELD REDEVELOPMENT PROGRAM

Project Location (legal description): Please attach to this form

Name of Lender: _____

Address: _____

Contact Person: _____ **Telephone #:** _____

Name of Owner: _____

We agree to provide a loan for the above project if a guarantee from the Brownfield fund is provided.

The terms of such loan are as follows:

a. Maximum Loan to Owner: \$ _____

b. Guarantee percentage requested: _____% (70% maximum).

c. Maximum Amount of Guarantee: \$ _____ (Maximum \$1 million).

d. Maximum Guarantee Term: _____ months. (Maximum is 120 months. The actual term of the Lender's loan may exceed the guarantee term.)

e. Conditions: Provide a copy of the proposed loan agreement, note, security agreement, and any related attachments.

f. Reason for the Guarantee: Provide an explanation for the need for the guarantee, and why the amount of the guarantee is the least possible for the loan to be made.

2. Certification of Lender: I hereby certify this information is true and correct.

Signature

Date

Exhibit D
BROWNFIELD REDEVELOPMENT PROGRAM

Exhibit E
CERTIFICATION OF APPLICANT

BROWNFIELD REDEVELOPMENT PROGRAM

I certify that I am an authorized representative of the applicant. I have examined the Brownfield Redevelopment Program guidelines and sections 447.700 to 447.718, RSMo. I agree to all terms and conditions of the program.

I certify that all information and accompanying documents submitted in the application to the Brownfield Redevelopment Program are true, correct and complete

Signature

Date

Title

Project Name

Subscribed and sworn to before me this _____ day of _____, 19____. I am commissioned as a notary republic within the County of _____, State of _____, and my commission expires on _____.

NOTARY PUBLIC